

AETNA BETTER HEALTH[®] OF TEXAS

Provider newsletter

Winter 2016



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Medical Director corner

Nebulizers

The use of nebulizers is useful to many patients with pulmonary conditions. If you are prescribing a nebulizer it is important that you clearly document the condition for which you are prescribing the nebulizer. At times a metered inhaler may be more appropriate. The information below summarizes the indications for small and large volume nebulizers and ultrasonic nebulizers, (Aetna CPB # 0065).

Small volume nebulizer

The use of a small volume nebulizer and related compressor is a medically necessary durable medical equipment (DME) for any of the following indications:

- A. To administer antibiotics to members with cystic fibrosis (CF) or bronchiectasis or
- B. To administer beta-adrenergics, corticosteroids, and cromolyn chronic bronchitis, emphysema, asthma, etc., (The physician must have considered use of a metered dose inhaler (MDI) with and without a reservoir or spacer device and decided that, for medical reasons, it was not sufficient for the administration of needed inhalation drugs.) or
- C. To administer dornase alfa (Pulmozyme)** to members with CF or primary ciliary dyskinesia (Note: the use of Pulmozyme for other non-CF indications (e.g., asthma, chronic bronchitis, Niemann-Pick type C, and post-lung transplantation [not an all-inclusive list]) is considered experimental and investigational) or
- D. To administer epinephrine for the treatment of croup or
- E. To administer formoterol (Perforomist) or arformoterol (Brovana) for the management of COPD when medical necessity criteria in Pharmacy Clinical Policy Bulletin on “Long-Acting Beta Agonists” are met or

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- A. To administer treprostinil inhalation solution (Tyvaso) via an ultrasonic pulsed delivery device (the Tyvaso Inhalation System) or iloprost (Ventavis) via a controlled dose inhalation drug delivery system (i.e., the I-neb or the Prodose nebulizer) to members with pulmonary hypertension or
 - B. To administer mucolytics (other than dornase alpha) (acetylcysteine) for persistent thick or tenacious pulmonary secretions or
 - C. To administer pentamidine to members with HIV, pneumocystosis, or complications of organ transplants or
 - D. To administer colistin for multi-drug resistant *P. aeruginosa* pneumonia failing to improve on IV therapy
 - E. To administer aztreonam inhalation solution (Cayston) to persons with CF with *Pseudomonas aeruginosa*.†
- B. Bronchiectasis
 - C. Cystic fibrosis
 - D. Tracheobronchial stent
 - E. Tracheostomy

Small volume nebulizers and related compressors are considered experimental and investigational for all other indications because their effectiveness for indications other than the ones listed above has not been established.

Large volume nebulizers

A large volume nebulizer, related compressor, and water or saline is a medically necessary DME to deliver humidity to a person with thick, tenacious secretions, with any of the following indications:

- A. Administration of pentamidine for members with HIV, pneumocystosis, and complications of organ transplants

Large volume nebulizer and related compressor are considered experimental and investigational for all other indications because their effectiveness for indications other than the ones listed above has not been established.

Ultrasonic nebulizers:

The use of ultrasonic nebulizers are medically necessary DME for delivery of tobramycin (Tobi) for members with CF who meet the criteria for a standard nebulizer.

Because there is no proven medical benefit to nebulizing particles of other drugs to diameters smaller than achievable with a pneumatic model, ultrasonic nebulizers are considered medically necessary only when all of the following criteria are met:

- A. The member meets the criteria for a standard nebulizer
- B. The primary care physician and specialist indicate that the member has been compliant with other nebulizer and medication therapy
- C. The use of a standard nebulizer has failed to control the member's disease and prevent the member from utilizing the hospital or emergency room

Modifier 25 and TH Steps

Aetna Better Health of Texas follows the guidelines in the Texas Medicaid Provider Procedures Manual regarding TH Steps medical checkups and reimbursement. Procedure codes 99381 - 99385 and 99391 - 99395 are global codes which include all elements of the TH Steps medical checkups for a single fee except where exceptions are noted. The periodicity schedule, exceptions, and Quick Reference Guide are available at www.dshs.texas.gov/thsteps. Providers may utilize modifier 25 for immunizations given the same day as the checkup. The TMPPM clearly states, "In accordance with CMS NCCI requirements, modifier 25 guidelines do not apply for procedures when billed with other procedure codes that are included in the visit as related elements . . ." Visual acuity screening, audiometric screening, and health education/ anticipatory guidance are part of the TH Steps checkup and may not be billed separately under modifier 25. Mandatory screenings are included in the global fee.

The question often arises as to what a provider should do when an acute care visit occurs on the same day,

requiring separate services. Modifier 25 must meet the CPT criteria, "Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service." Discussion of the child's progress or a routine matter does not qualify for modifier 25, but a health matter requiring evaluation and management does. For example, an earache requiring medication meets the requirement for a separate service; however, a discussion of acne without a separate service does not. As a general rule, providers should ask themselves if the condition will be listed separately and whether additional time and effort was spent on diagnosis and/or treatment. Documentation showing the services must be present to be reimbursed.

These tips can help you avoid claim payment delays, denial of services, and investigation for overuse of modifier 25. We are committed to delivering quality assistance to our providers.



Pharmacy corner

The long-acting reversible contraceptives (LARC)

We want to make you aware of a situation which we have discovered. Now that the LARC can be obtained and delivered to your office Aetna has found instances where there have been charges from the pharmacy but no charge from a physician's office for insertion. If the member does not show up for any reason and the LARC is never inserted the LARC should be returned to the pharmacy for crediting to Aetna.

Aetna is providing the policy which was sent out by the Texas Medicaid Health Plan (TMHP) along with the Vendor Drug Program, with instructions on how to order and if for any reason the LARC isn't administered how to return the product to the pharmacy for crediting to Aetna.

Long-acting reversible contraception products to be available as a pharmacy benefit of Texas Medicaid and TWHP Effective August 1, 2014.

Information posted July 15, 2014

Effective for dates of service on or after August 1, 2014, LARC products will be available as a pharmacy benefit of Texas Medicaid and Texas Women's Health Program (TWHP). These LARC products will only become available through a limited number of specialty pharmacies that work with LARC manufacturers. These pharmacies will be listed on the Vendor Drug Program website at www.txvendordrug.com/formulary/larc.shtml.

Providers who prescribe and obtain LARC products through the specialty pharmacies listed will be able to return unused and unopened LARC products to the manufacturer's third-party processor. Prescribers should refer to the manufacturer for specific instructions. General buy-back instructions are also available at TxVendorDrug.com.

After August 1, 2014, LARC will remain a medical benefit and providers will continue to have the option to receive reimbursement for LARC as a clinician-administered drug.

For more information, call the TMHP Contact Center at **1-800-925-9126**.

Acute otitis media

- Acute otitis media (AOM) occurs frequently in children. It is the most common diagnosis for which they receive antibiotics.
- The diagnosis of acute otitis media (AOM) requires bulging of the tympanic membrane or other signs of acute inflammation and middle ear effusion. The importance of accurate diagnosis is crucial to avoidance of unnecessary antibiotic treatment.

Antibiotic treatment versus observation

- The choice of initial treatment with antibiotics or observation depends upon the age of the child and the laterality and severity of illness.
- The 2013 American Academy of Pediatrics (AAP) and American Academy of Family Physicians (AAFP) guideline recommends¹:
 - **Immediate antibiotic treatment** for children <6 months, children with severe signs or symptoms (defined by moderate or severe ear pain, ear pain for ≥48 hours, or temperature ≥39°C [102.2°F]) and bilateral AOM in children <24 months of age.
 - **Either immediate antibiotic treatment or observation (with pain control)** for children between 6 and 24 months with unilateral non-severe AOM and for children ≥24 months with unilateral or bilateral non-severe AOM.

Initial antimicrobial therapy

- When the decision is made to treat acute otitis media (AOM) with antibiotics, the selection among available drugs is based upon: clinical and microbiologic efficacy, convenience of the dosing schedule, acceptability (taste, texture) of the oral preparation, cost and absence of side effects and toxicity.

There is no evidence to support a particular antibiotic-regimen versus another for treatment of acute otitis media.²

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Table 1: Preferred agents on the Texas Medicaid Formulary available for treatment of acute otitis media³

| | Preferred agents* | Non-Preferred agents* |
|--------------------------------------|---|--|
| First line: | amoxicillin | |
| When amoxicillin fails: | amoxicillin/clavulanate susp, amoxicillin/clavulanate IR tabs, cefuroxime tabs, ceftriaxone injection | amoxicillin/clavulanate XR, amoxicillin/clavulanate chewable IR tabs, Augmentin susp and tabs, Augmentin XR, Ceftin tabs and susp, cefuroxime susp |
| Penicillin allergic patients: | azithromycin, clarithromycin susp, Ery-Tab, Erythrocin, erythromycin, PCE, erythromycin+sulfisoxazole susp, sulfamethoxazole/TMP DS/SS, Bactrim DS/SS | Biaxin tabs, Biaxin XL, clarithromycin ER, Eryped, Zithromax |
| With tympanostomy tubes: | ofloxacin otic, Ciprodex, neomycin/polymyxinc/hydrocortisone | Cipro HC, Cetraxal, Floxin, ciprofloxacin |
| Second/Third line: | cephalexin, capsules and suspension, cefdinir, cefprozil Suprax capsules and suspension, trimethoprim | Keflex, cefaclor ER, cefpodoxime, Suprax chewable and tablets |

*Texas Medicaid Formulary (Last Updated Jan 28, 2016)

References:

- 1.) American Academy of Pediatrics Subcommittee on Management of Acute Otitis Media. Diagnosis and management of acute otitis media. *Pediatrics*. 2004;113(5):1451-1465.
- 2.) Takata GS, Chan LS, Shekelle P, Morton SC, Mason W, Marcy SM. Evidence assessment of management of acute otitis media: I. The role of antibiotics in treatment of uncomplicated acute otitis media. *Pediatrics*. 2001;108(2):239-247.
- 3.) Lieberthal AS, Carroll AE, Chonmaitree T, et al. The diagnosis and management of acute otitis media. *Pediatrics* 2013; 131:e964.
- 4.) Bluestone CD, Klein JO. Epidemiology. In: *Otitis media in infants and children*, 4th ed/ BC Decker, Hamilton, ON. 2007. P.73.
- 5.) American Academy of Pediatrics. Tables of antibacterial drug doses. In: *Red Book: 20012 Report of the Committee on Infectious Diseases*, 29th ed, Pickering LK (Ed), American Academy of Pediatrics, Elk Grove Village, IL 2012. p.808.
- 6.) Choosing Wisely. American Academy of Pediatrics. <http://www.choosingwisely.org/doctor-patient-lists/american-academy-of-pediatrics/> (Accessed on March 07, 2013).

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Texas Medicaid Vendor Drug Program changes
Preferred drug additions and deletions 2016. These are changes that the Texas Vendor Drug Program made to

the 2016 Preferred Drug List (Formulary). This section is to inform you of those changes.

Recent changes to Texas Medicaid Preferred Drug List (PDL) 2016:

| | |
|------------------------------------|--|
| • omeprazole added to PDL | • Delizicol Added to PDL |
| • fluticasone added to PDL | • Bactroban added to PDL |
| • Entresto added to PDL | • clotrimazole/betamethasone added PDL |
| • Cleocin Ovules added to PDL | • Saphris added to PDL |
| • olanzapine ODT added PDL | • Abilify Maintena added to PDL |
| • Invega Trinza added to PDL | • felopidine added to PDL |
| • Orapred ODT added to PDL | • Bydureon added to PDL |
| • repaglinide added to PDL | • sirolimus tablets added to PDL |
| • PCE added to PDL | • naproxen suspension added to PDL |
| • Pazeo added to PDL | • fluncinolone oil added to PD |
| • mometasone solution added to PDL | • Guafacine ER moved to PDL |
| • Memantine moved to PDL | • Aristada (aripiprazole) |

Drugs moved to Non-Preferred Drug List

- Intuniv moved to Non Preferred Drug List
- Namenda moved to Non Preferred Drug List

New contract requirements for Managed Care Medicaid Health Plans

The Health and Human Services Commission (HHSC) and Vendor Drug Program (VDP) have put contractual requirements in all Managed Care Medicaid Health Plans (MCO) contracts which will require the MCO's to begin an outreach to prescribers of behavior health drugs. Specifically the therapeutic classes affected by this contractual language are antipsychotics, antidepressants; all ADHD drugs both stimulants and non-stimulants. Expect outreach from the

MCO's for those patients on concomitant therapy in each of the above classes. VDP is requiring the MCO and prescribing practitioners need to communicate via a conversation or via a letter regarding concomitant drug use within a class of drugs.

Any questions please call

STAR

1-800-306-8612 Tarrant

1-800-248-7767 for Bexar

CHIP

1-800-245-5380 Tarrant

1-866-818-0959 Bexar

Quality corner

Empowerment through our integrated care management programs

Aetna Better Health offers an evidence-based care management programs to help our members improve their health and access the services they need. Care managers typically are nurses, counselors, or social workers. These professionals create comprehensive care plans that help members meet specific health goals, as well as support psychosocial needs.

Integrated Care Management (ICM)

Members voluntarily agree to enroll in the program. All members are stratified and assigned to a level of care management. The amount of care management a member receives is based upon an individual member's needs. Some of the reasons you may want to ask the health plan to have a case manager contact the member are:

- Does the member frequently use the emergency room instead of visiting your office for ongoing issues?
- Has the member recently had multiple hospitalizations?
- Is the member having difficulty obtaining medical benefits ordered by providers?
- Has the member been diagnosed with diabetes, asthma, or depression, yet does not comply with the recommended treatment regimen?
- Does the member have HIV?
- Is the member pregnant with high-risk conditions?
- Does the member need information on available community services and resources not covered by Medicaid (e.g. energy assistance, SNAP, housing assistance)?

To make referrals for care management consideration, please call Member Services. A care manager will review and respond to your request within 3-7 business days.

Disease management

A component of ICM that is offered in each service level is assistance with the management of chronic conditions. Our ICM program provides an integrated treatment approach that includes the collaboration and coordination of patient care delivery systems. It focuses on measurably improving clinical outcomes for a particular medical condition. This is accomplished through the use of appropriate clinical resources such as:

- Preventive care
- Treatment guidelines
- Patient education
- Outpatient care

It includes evaluation of the appropriateness of the scope, setting, and level of care in relation to clinical outcomes and cost of a particular condition.

Chronic Conditions available to members include:

- Asthma
- Diabetes
- Depression

For our pediatric Medicaid members, we developed disease specific assessments for children with asthma and diabetes. If you have a member who has one of the above listed chronic conditions, you or your staff can make a referral to our ICM Program at any time.

To make a referral, please call Member Services and ask for a care manager.

We provide clinical practice guidelines for asthma, diabetes and depression. You can get a copy of the guidelines through our web portal at <https://www.aetnabetterhealth.com/texas>

Utilization management

Aetna Better Health's Utilization Management (UM) department is committed to delivering quality care that will result in improved outcomes and better health for our members. Continuity of care is accomplished through appropriate coordination with contracted groups and/or primary care physicians in the provision of ambulatory care and inpatient health services.

Clinical criteria for UM decisions

Aetna Better Health's UM department uses criteria or guidelines to make decisions based on medical necessity. These guidelines are developed through technology assessments and structured evidence reviews, evidence-based consensus statements, expert opinions of healthcare providers, and evidence-based guidelines from nationally recognized professional healthcare organizations and public health agencies.

Availability of utilization management criteria

Aetna Better Health of Texas employees make clinical decisions regarding members' health based on the most appropriate care and service available. Aetna Better Health of Texas makes medical necessity determinations based on established criteria. The criteria used to make determinations are available to practitioners at any time by contacting the utilization management department to obtain a mailed copy.

- National criteria are made available on the website. Aetna clinical policy bulletins are available via our secure website: <http://www.aetna.com/health-care-professionals/clinical-policy-bulletins/medical-clinical-policy-bulletins/alphabetical-order.html>

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Affirmative statements about incentives

UM decisions are based on appropriateness of care and service and existence of coverage. Aetna Better Health does not specifically reward practitioners or individuals for issuing denials of coverage or care. Financial incentives for UM decision makers do not encourage decisions that result in under-utilization. Providers and practitioners are not prohibited from acting on behalf of the member. Physicians cannot be penalized in any manner for requesting

or authorizing appropriate medical care. Practitioners are ensured independence and impartiality in making referral decisions that will not influence:

- Hiring
- Compensation
- Termination
- Promotion
- Any other similar matters

CD-10/Claim denials

Please be advised that we are seeing claim denials for certain new codes specific to ICD10. We have identified the cause and are working to correct it. Once the correction has been

made all impacted claims will be reprocessed. No further action is required at this time on your part. We apologize for the delay and inconvenience.





AETNA BETTER HEALTH® OF TEXAS

Provider Relations

P.O. Box 569150

Dallas, TX 75356-9150



Who to call?

Provider Relations and Member Services lines:

Medicaid - Bexar **1-800-248-7767**

Medicaid - Tarrant **1-800-306-8612**

CHIP - Bexar **1-866-818-0959**

CHIP - Tarrant **1-800-245-5380**

Superior Vision

1-800-879-6901

LogistiCare-Medical Transportation (For Medicaid members only)

1-877-633-8747 (Aetna Bexar County)

1-855-687-3255 (Aetna Tarrant County)

Nurse Line

1-800-556-1555

Behavioral Health Provider Credentialing

1-800-999-5698

Report Fraud, Waste or Abuse

1-800-436-6184

Fax Numbers

Aetna Prior Authorization fax#

1-866-835-9589

Aetna Inpatient Authorization fax#

1-866-706-0529

Behavioral Health Prior Authorization fax #

1-855-857-9932

1-855-841-8355 (Concurrent Review)

Dental

MCNA Dental

1-855-494-6262

Denta Quest

1-800-516-0165 (Medicaid)

1-800-508-6775 (CHIP)

Vital Savings (adults only)

1-888-238-4825

CVS Caremark (Pharmacy)

CVS Caremark Help Desk

1-877-874-3317

BIN# 610591

PCN: ADV

GROUP# RX8801

Prior Auth Call In

1-855-656-0363

Prior Auth Fax

1-866-255-7534